Cardiovascular Disease Prevention: Risk Detection and Management in Primary Care

**Cross Cutting:**
1. NHS Health Check - systematic detection of high BP, AF, NDH, T2DM, CKD, high cholesterol, CVD risk
2. System level action to support guideline implementation by clinicians
3. Support for patient activation, individual behaviour change and self management

**The Interventions**

- **High BP detection and treatment**
- **AF detection & anticoagulation**
- **Detection, CVD risk assessment, treatment**
- **Type 2 Diabetes preventive intervention**
- **Diabetes detection and treatment**
- **CKD detection and management**

**The Opportunities**

- **High BP** detection and treatment
  - 5 million un-diagnosed, 40% poorly controlled
- **AF detection & anticoagulation**
  - 30% undiagnosed. Over half untreated or poorly controlled
- **Detection, CVD risk assessment, treatment**
  - 85% of FH undiagnosed. Most people at high CVD risk don’t receive statins
- **Type 2 Diabetes preventive intervention**
  - 5 million with NDH. Most do not receive intervention
- **Diabetes detection and treatment**
  - 940k undiagnosed. 40% do not receive all 8 care processes
- **CKD detection and management**
  - 1.2m undiagnosed. Many have poor BP & proteinuria control

**The Evidence**

- **BP lowering prevents strokes and heart attacks**
- **Anticoagulation prevents 2/3 of strokes in AF**
- **Behaviour change and statins reduce lifetime risk of CVD**
- **Intensive behaviour change (eg NHS DPP) reduces T2DM risk 30-60%**
- **Control of BP, HbA1c and lipids improves CVD outcomes**
- **Control of BP, CVD risk and proteinuria improves outcomes**

**The Risk Condition**

- **Blood Pressure**
- **Atrial Fibrillation**
- **High CVD risk & Familial H/ cholesterol**
- **Non Diabetic Hyperglycemia (‘pre-diabetes’)**
- **Type 1 and 2 Diabetes**
- **Chronic Kidney Disease**

**Detection and 2°/3° Prevention**

- **The Outcomes**
  - 50% of all strokes & heart attacks, plus CKD & dementia
  - 5-fold increase in strokes, often of greater severity
  - Marked increase in premature death and disability from CVD
  - Marked increase in Type 2 DM and CVD at an earlier age
  - Marked increase in heart attack, stroke, kidney, eye, nerve damage
  - Increase in CVD, acute kidney injury & renal replacement